Happy Valley Clinic Intake Form

General Patient Information

Last Name: FLINTSTONE First Name: FREDERICK J.

Home Tel: 201-322-4100 Work Tel: 201-322-4197

Sex (Circle One): (Male) Female E-Mail Address: FREDF@SLATEROCK.COM

Address: 345 CAVE STONE ROAD, BEDROCK, NJ 07652

Date of Birth: 02/22/1965 Occupation: CRANE OPERATOR

Family Doctor: DR. WEAVER Tel: 201-362-8924

Emergency Contact: WILMA FLINTSTONE

Relationship to patient (Circle One): (Spouse) Parent/Guardian Other: ______

Tel: 201-322-4100

Insurance Information

Primary Insurance: AETNA OF NJ

Secondary Insurance: ______

Insured Name: ______

Relationship to patient (Circle One): (Self) Spouse Parent/Guardian

Medical History:

Medications

(Please list any medications you are currently taking)

Medication	Dosage	Notes
LIPITOR	20 MG	
LAMISIL	250 MG	
ASPIRIN	81 MG	

Past Medical History / Family History

(Please check any of the following conditions that apply to yourself or your family)

Family	Self		Family	Self	
		Diabetes	✓		Heart Problems (FATHER)
	✓	High Cholesterol			Previous Eye Disease
	✓	Hypertension			Previous Eye Injury
		Cataracts			Previous Eye Surgery
✓		Glaucoma (MOTHER)			Thyroid Disorder
If other, please specify:					

Allergies

(Please check any of the following allergies that apply to you)

	Aspirin		Seasonal
	Dust Mites		Sulfa Drugs
✓	Penicillin		**NO KNOWN ALLERGIES**
If other, please specify:	PEANUTS, LATEX		

Review of Systems

(Please check if any of the following apply to you)

	dry eyes	✓	eye fatigue
	flashes of light		eyes frequently red
	floaters		eyes itch, burn, tear
	foreign body sensation		headaches
✓	headache		heart disease
	itchy eyes	✓	high cholesterol
	visual disturbance or change	✓	hypertension
	asthma		migraine

Social History

(Please check if any of the following apply to you)

✓	alcohol use SOCIAL DRINKER		illegal drug use
	tobacco use		**other:**

Surgical History

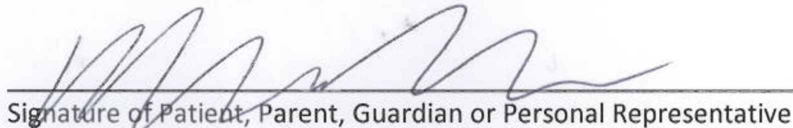
(Please list any surgeries you have underwent in the past)

Procedure	Year	Notes
BUNIONECTOMY	1998	LEFT FOOT
ELBOW SURGERY	2003	RIGHT ELBOW
KNEE SURGERY	2007	RIGHT KNEE

******We must have the above information BEFORE you may see the doctor******

I assign directly to [doctor / practice] all medical insurance and vision benefits. I understand that in the event the charges are applied to my insurance deductible or charges are not covered, or if my insurance is invalid. I am responsible for all balanced due.

I authorize any holder or medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.



Signature of Patient, Parent, Guardian or Personal Representative

Please *print* name of Patient, Parent, Guardian or Personal Representative

01 / 19 / 10

Date

SELF

Relationship to Patient

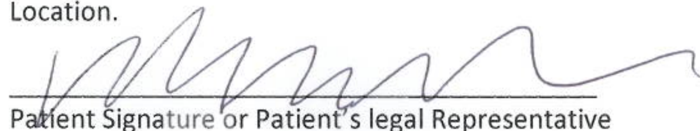
HIPAA PRIVACY

Acknowledgment of Receipt of Privacy Notice

By signing this acknowledgment of Receipt of Notice of Privacy Practices (the "Notice"), I acknowledge and agree that I have received, read and understand the Notice of the Notice Privacy Practices for review and to keep for my records on the date identified below.

I understand that the Location may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit the Location to perform its administrative duties, provide me with eye care services and products, process my vision benefit claims and communicate with me regarding vision care services provided by the Location (for example, mailings of exam reminders or information about services / products provided by the Location).

I can be assured that this location does not sell my personal health information of any kind to a third party for such party's own use. I authorize the Location to submit my vision benefit claims to my plan sponsor or health plan to receive reimbursement directly for the vision services and products that I have received from the Location.



Patient Signature or Patient's legal Representative

01/19/10

Date

Patient Information for Frederick Flintstone DOB: 2/22/1965, Chart: 11834 on 1/18/2010

Remarks
None.

Vitals
Unremarkable.

Allergies
Patient admits allergies to penicillin.
Patient admits allergies to peanuts.
Patient admits allergies to latex.

Medications
Patient is currently taking Lipitor (20 mg tablet).
Patient is currently taking aspirin (81 mg tablet).
Patient is currently taking Lamisil (250 mg tablet).

Immunizations
Unremarkable.

Past Medical History
Patient admits to hyperlipidemia.
Patient admits to hypertension.
Patient admits to heart problems.

Past Surgical History
Patient admits to bunionectomy(1998).
Patient admits to elbow surgery(2003).
Patient admits to knee surgery (right).

Social History
Patient admits to alcohol use. Details: Drinking is described as social.

Family History
Patient admits to a family history of glaucoma (mother).
Patient admits to a family history of heart problems (father).

Diagnoses
Unremarkable.

Treatments

Unremarkable.

Lab Results
Unremarkable.

Alerts
Unremarkable.